2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # 373490** May 31, 2000 8:00 am Secretary of State CONDOR CONSTRUCTION AND DEVELOPMENT CORPORATION 05-31-2000 90009 039 ***150.00 Mailing Address Principal Place of Business C/O LEVINE & PARTNERS, P.A. C/O LEVINE & PARTNERS, P.A. 1110 BRICKELL AVENUE, 7TH FLOOR 1110 BRICKELL AVENUE, 7TH FLOOR MIAMI FL 33131-3132 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FE! Number City & State 59-1346511 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEVINE, ESQ., ALAN W Street Address (P.O. Box Number is Not Acceptable) C/O LEVINE & PARTNERS, P.A. 1110 BRICKELL AVENUE, 7TH FLOOR MIAMI FL 33131 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Change ☐ Addition TITI F Delete TITLE AVAYU. JOSE NAME NAME 1110 BRICKELL AVE., 7TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33131 Change ☐ Addition ☐ Delete TITLE TITLE FURMAN, JACOB NAME NAME 1110 BRICKELL AVE., 7TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** Change ☐ Addition TITLE ☐ Delete TITLE AVAYU, ALBERTO NAME NAME STREET ADDRESS STREET ADDRESS 1110 BRICKELL AVE., 7TH FLOOR CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Addition Delete TITLE TITLE **FURMAN, TUSTAVO** NAME NAME STREET ADDRESS 1110 BRICKELL AVE., 7TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truelee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 4/26/00

305 -312-1350 Daytime Phone # CR2E034 (